

# Kingstons Pharmaceutical Needs Assessment 2025

## Easy Read Questionnaire



This is an Easy  
Read summary on  
the draft  
Pharmaceutical  
Needs Assessment.





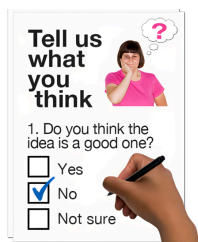
- We recently asked how you use pharmacies in Kingston.
- Your answers have helped us understand what people need from pharmacy services and how easy they are to access.



- We have now written a draft report called the **Pharmaceutical Needs Assessment**.
- This report looks at what is needed now and what should be improved in the future.



- We would like you to read the draft report and tell us if anything is missing or needs changing.



### How to share your views:

- Read the draft report.
- Fill in a short questionnaire (takes about 5 minutes).



- The report is being completed by the Kingston Pharmaceutical Needs Assessment Steering Group for the Kingston Health and Wellbeing Board, with support from Soar Beyond Limited.
- Your feedback will help make sure the report is correct.



- The survey will close on 25 May 2025.



- If you want to take part in this survey and need help please contact Healthwatch Kingston, by telephone **0203 326 1255** or email **[info@healthwatchkingston.org.uk](mailto:info@healthwatchkingston.org.uk)**



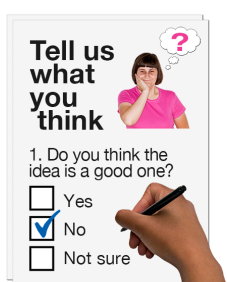
- You do not have to answer all the questions if you do not want to.



- You might want to think about your answers.
- You might want to talk to someone else before you answer the questions.



- Any personal information that you give will be kept private.



- For most questions, please tick the box for your answer.
- For some questions, there is a space for you to write your answer.

# Questionnaire



## 1. What is your interest in the Pharmaceutical Needs Assessment? (Choose all that apply)

- ☐ A member of the public
- ☐ Local Pharmaceutical Committee in Kingston
- ☐ Local Medical Committee in Kingston
- ☐ Pharmacy or dispensing appliance contractor in Kingston
- ☐ Pharmacy contractor with a Local Pharmaceutical Services contract in Kingston
- ☐ Healthwatch or other patient, consumer or community group in Kingston
- ☐ An NHS Trust or NHS Foundation Trust in Kingston
- ☐ NHS England
- ☐ A neighbouring Health and Wellbeing Board
- ☐ Other organisation in Kingston
- ☐ Other organisation outside Kingston

If contacting on behalf of an organisation, please tell us its name:

## 2. To Help us understand differences in areas please tell us your postcode:

Add your postcode here:



- Please read the draft Kingston Pharmaceutical Needs Assessment and respond to the questions below.



### 3. Has the purpose of the Pharmaceutical Needs Assessment been explained?

(Please look at Section 1 in the draft Pharmaceutical Needs Assessment)

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

If you have ticked '**No**', please tell us why:



### 4. Does the draft Pharmaceutical Needs Assessment show the pharmacy services available in your area?

(Please look at Section 3 in the draft Pharmaceutical Needs Assessment)

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

If you have ticked '**No**', please tell us why:



## 5. Are there any missing pharmacy services in Kingston, like times, locations, or types of services, that are not in the draft Pharmaceutical Needs Assessment?

(Please look at Section 6 and 7 in the draft Pharmaceutical Needs Assessment Appendix A)

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

If you have ticked **'Yes'**, please tell us why:



## 6. Does the draft Pharmaceutical Needs Assessment show the needs of residents in your area?

(Please look at Section 2 in the draft Pharmaceutical Needs Assessment)

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

If you have ticked **'No'**, please tell us why:





**7. Does the draft Pharmaceutical Needs Assessment report include information to help apply for new pharmacies or providers of medical equipment?**

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

If you have ticked '**No**', please tell us why:



**8. Does the draft Pharmaceutical Needs Assessment provide information on how pharmaceutical services may be commissioned in the future?**

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

If you have ticked '**No**', please tell us why:



9. Does the draft Pharmaceutical Needs Assessment provide enough information to inform future pharmacy services and plans for pharmacies and specialist medical device providers?

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

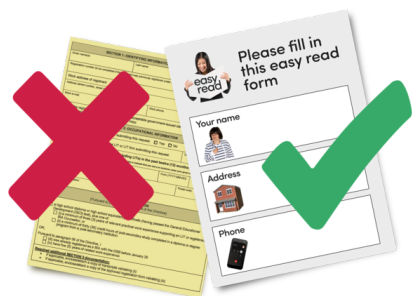
If you have ticked **'No'**, please tell us why:



10. Are there any other services that could be provided in community pharmacies that have not been highlighted?

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

If you have ticked **'Yes'**, please tell us why:



## 11. Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment?

(Please look at Section 7 in the draft Pharmaceutical Needs Assessment)

- ☐ Yes
- ☐ No
- ☐ I don't know/ can't say

If you have ticked '**No**', please tell us why:

## 12. If you have any other comments, please write them below:

Use the spaces below to give feedback.



# About you



- It is good to know some things about you so that we can make sure we hear from lots of people.
- You do not have to fill in these questions if you do not want to.



## Are you?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Other



## Is the gender you are living as now the same gender that you were born?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Other



## How old are you?

- ☐ 16 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or older
- ☐ Prefer not to say



## Do any of the following apply to you?

Please tick all that apply.

- ☐ I have a learning disability
- ☐ I have Autism
- ☐ I have ADHD
- ☐ I have dyslexia
- ☐ I have dyspraxia
- ☐ I am aged 65 or over
- ☐ I have dementia
- ☐ I have mental health issues
- ☐ I have a physical disability
- ☐ I have sight and hearing difficulties
- ☐ I have none of these
- ☐ I do not want to say



## What is your background?

- ☐ White - English, Welsh, Scottish, Northern Irish, British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Any other White Background
- ☐ White & Black Caribbean
- ☐ White & Black African
- ☐ White & Asian
- ☐ Any other mixed background
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Tamil
- ☐ Korean
- ☐ Any other Asian background
- ☐ Caribbean
- ☐ African
- ☐ Any other Black background
- ☐ Arab
- ☐ Any other background
- ☐ I would prefer not to say what my background is



## Are you...

- ☐ Straight - you are attracted to the opposite sex
- ☐ Gay - you are a man and attracted to other men
- ☐ Lesbian - you are a woman and attracted to other women
- ☐ Bisexual - you are attracted to men and women
- ☐ Pansexual - you are attracted to all genders, not just men and women
- ☐ Prefer not to say
- ☐ Other



## What is your religion?

- ☐ No religion
- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Sikh
- ☐ Muslim
- ☐ Prefer not to say
- ☐ Other



## Where do you live?

- ☐ In your own home
- ☐ Residential or nursing care
- ☐ Supported living
- ☐ Sheltered housing
- ☐ Living with family
- ☐ Other
- ☐ Do not want to say